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| onding to the chara | acteristics of nonliste | d hazardous wast |
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| ☐ 3. Reactive (D003) | | 4. Toxic (D000) |
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| of those individ on is true, accur | duals immediatel rate, and complete | ly responsible e. I am aware th |
| (type or print) | Date | e Signed |
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| 44tiiii | 22 28 er from 40 <i>CFR</i> Partets if necessary. 34 40 46 4 for each hazardoutional sheets if necessary. 32 33 40 40 46 4 for each hazardoutional sheets if necessary. 34 40 40 46 4 for each hazardoutional sheets if necessary. 52 50 conding to the character (D003) | 22 23 er from 40 CFR Part 261.33 for each cheets if necessary. 34 35 40 41 46 47 4 for each hazardous waste from hospitational sheets if necessary. 52 53 conding to the characteristics of nonlister (D003) and am familiar with the information is true, accurate, and complete including the possibility of fine are including the possibility of fine are |

EPA Form 8700-12 (Rev. 11-85) Reverse

Form Approved. OMB No. 2050-0028. Expires 9-30-88. GSA No. 0246-EPA-0T

| United States Environmental Pro Washington, DC 204 PEPA Notification of Hazardous | 60 Filing Notification before completing this form. The information requested | |
|--|--|--|
| For Official Use Only | | |
| Com C | ments | |
| Installation's EPA ID Number | Date Received Approved (yr. mo. day) | |
| CNYD064302367 T/AC | A 860709 | |
| I. Name of Installation | | |
| AUZAM AUTO SALE | 5 | |
| II. Installation Mailing Address | r P.O. Box | |
| 519 NB50FORD | ROLLINI | |
| City or Town | State ZIP Code | |
| 4 DED FORD HILLS | NY1050 | |
| III. Location of Installation Street or Re | oute Number | |
| 5519 NBEDEORD | ep. | |
| C B E D FO B D H I C L S | State ZIP Code | |
| IV. Installation Contact | | |
| Name and Title (last, first, and job title) C B O D O F I S H E R | Phone Number (area code and number) | |
| V. Ownership | | |
| A. Name of Installation's Legal Owner | B. Type of Ownership (enter code) | |
| NI. Type of Regulated Waste Activity (Mark 'X' in the app | propriete haves. Refer to instructions ! | |
| A. Hazardous Waste Activity | B. Used Oil Fuel Activities | |
| ☐ 1a. Generator ☐ 1b. Less than 1,000 kg/mo. ☐ 2. Transporter ☐ 3. Treater/Storer/Disposer ☐ 4. Underground Injection ☐ 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below) ☐ a. Generator Marketing to Burner ☐ b. Other Marketer | ☐ 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below) ☐ a. Generator Marketing to Burner ☐ b. Other Marketer ☐ c. Burner ☐ 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification | |
| U. Burner VII. Waste Fuel Burning: Type of Combustion Device (entwhich hazardous waste fuel or off-specification used oil fuel is burned. S □ A. Utility Boiler □ B. Industria VIII. Mode of Transportation (transporters only — enter | See instructions for definitions of combustion devices.) al Boiler C. Industrial Furnace | |
| | her (specify) | |
| IX. First or Subsequent Notification | | |
| Mark 'X' in the appropriate box to indicate whether this is your install notification. If this is not your first notification, enter your installation's E | ation's first notification of hazardous waste activity or a subsequent PA ID Number in the space provided below. | |
| DA Fina Marificación De esta como de c | C. Installation's EPA ID Number | |
| A. First Notification B. Subsequent Notification (complete ite | <i>III 6)</i> | |

| | | And the second second second second | ID — For Official Use Only | | | |
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| escription of H | azardous Wastes (co | antinued from from | | | | |
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| om nonspecific sour | ces your installation hand | lles. Use additional she | ets if necessary. | 201.31 for each fisted in | azardous waste | |
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| azardous Wastes fro | om Specific Sources. Ent installation handles. Use | ter the four-digit number | er from 40 CFR Part 261. | 32 for each listed hazar | dous waste from | |
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| 43 sted Infectious Was | | 45 number from 40 <i>CFR</i> Pa | 46 rt 261.34 for each hazar | 47 dous waste from hospit | 48 | |
| 43 sted Infectious Was | 44 tes. Enter the four-digit n | 45 number from 40 <i>CFR</i> Pa | 46 rt 261.34 for each hazar | 47 dous waste from hospit | 48 | |
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| sted Infectious Was als, or medical and | tes. Enter the four-digit nresearch laboratories you | 45 number from 40 <i>CFR</i> Pair installation handles. U | rt 261.34 for each hazar Use additional sheets if n | dous waste from hospital ecessary. | als, veterinary ho | |
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ACENCY, REGION II NEW YORK, N.Y.